

**ATTACHMENT A-PROFESSIONAL SERVICES SUBMITTAL
IDENTIFICATION AND INFORMATION FORM**

**Audit and Rate, RAC Program, Case Mix Services, EHR Incentive
Payment Program and Audit Activities
(MQD-2017-001)**

Exact Legal Name of Applicant, including "dba" or "division" of a corporation (furnish the exact legal name of the entity under which an awarded contract, if any, will be executed):

Type of Business Entity (check one):

Sole Proprietor Partnership *Corporation Joint Venture

Limited Liability Company Other _____

*State of incorporation _____

Federal I.D. No.: _____

Hawaii General Excise Tax License I.D. No.: _____

Business address (other than street address below): _____

City, State, Zip Code: _____

Mailing address (street address): _____

City, State, Zip Code: _____

Applicant Primary Contact Person:

(x) _____

Authorized (Original) Signature

Date: _____

Telephone No.: _____

Fax No. : _____

Email address: _____

Name and Title (Please Print or Type)